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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)			Attorney Docket Nu	KFHI-113			
			First Named Invento	MIHALOS			
			COMPLETE IF KNOWN				
			Application Number	10 / 724,665			
☐ Declaration Submitted			Filing Date	Dec	ember 1, 2003		
		Submitted after Initial	Group Art Unit				
with Initial Filing		Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name				

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
PROCESS AND APPARATUS FOR FORMING A WAVE CHIP PRODUCT									
the specification of which (Title of the Invention) is attached hereto									
OR X was filed on (MM/DD	12/01/200)3 as Unite	ed States Applicat	tion Number or PCT Inte	ernational				
Application Number 10/7	724,665 and wa	as amended on (MM/DD/Y	YYY)	(if a	pplicable).				
I hereby state that I have rev amended by any amendmen	viewed and understand the	contents of the above iden	tified specification	n, including the claims,	as				
I acknowledge the duty to dis	,		defined in 37 CF	R 1.56.					
		,							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Atta					
			0000	0000					
	ion numbers are listed on a								
I hereby claim the benefit un			l application(s) lis	ted below.					
Application Number(s) Filing Date (MM/DD/YYYY) Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.									

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.S. Parent Application or PCT Parent Number								ing Date			Parent Patent Number (if applicable)		
Additiona	Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.												
		nereby appoint t		ing registered p	ractitioner	(s) to p	rosecute t	his application	n and to	transa	ct all business	in the Paten	
and Trademark	Office o	onnected therev	vith: 🔲	Customer Nur	nber					▶	Place Cust Number Bai		
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Barry	Barry I. Hollander 28,566 Warren A. Zitlau 39,085												
☐ Additional	registere	d practitioner(s)	named c	on supplementa	I Register	ed Prac	titioner In	formation she	et PTO	/SB/02C	attached her	eto.	
Direct all con	Direct all correspondence to: X Customer Number or Bar Code Label 23290 OR Correspondence address below												
Name	Barr	arry I. Hollander											
Address	Holla	ander Lav	v Firm	n, P.L.C.									
Address			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			Т	1			г			
City						s	tate		ZIP	ļ			
Country		Telephone 703 - 383-4800				00	Fax	703	- 383-4	304			
believed to be punishable by	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								o made are				
Name of S	ole or l	First Invento	or:				A petition	n has been	filed fo	r this u	nsigned inve	entor	
G	iven Na	me (first and r	niddle [i	f any])		4_		Family	/ Name	or Su	mame		
		Mihaelos N	Vichola	as					Miha	alos			
Inventor's Signature		Muha	In I	<u> </u>	<u>plw</u>			,			Date	12/18/01	
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Post Office A	ddress	60 East O	akden	e Avenue									
Post Office A	ddress		, .										
City		Palisades Park	State	NJ	ZII	,	07650	-1810	Cou	ntry	US	A	
■ Additional	l invento	rs are being r	amed o	n the 2_su	pplemen	tal Add	ditional Ir	nventor(s) s	heet(s)	PTO/S	SB/02A attac	ched hereto	



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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _2_

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any]) Family Name or Surname										
Т	heodore Nicholas			Ja	anulis	,	/	(
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Post Office Address										
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Name of Addition	nal Joint Inventor, if ar	ny:			A petitio	n has been file	d for this	s unsigr	ed inve	entor
Given Na	Given Name (first and middle [if any]) Family Name or Surname									
	Chris E. Robinson									
Inventor's Signature	hit. Tolomi							C.L.		
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City	Sparta	State	NJ		ZIP	07871	71 Count		try US	
Name of Addition	nal Joint Inventor, if a	ny:			A petitio	n has been file	d for this	s unsigr	ed inv	entor
Given Na	me (first and middle (if any	1)				Family Nar	ne or S	umame		
	Carol Wines									
Inventor's Signature	Must We 12/29/03 W								ew	
Residence: City	Longmont	State	со		Country	US		Citize	nship	USA
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Post Office Address						. 				
City	Longmont	State	со		ZIP	80503	Co	ountry		US

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _2_ of _2_

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])					Family Name or Surname					
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Inventor's Allion Q						Date 12/18/03				
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Mailing Address										
City Union	State	NJ		ZIP	07083	Count	y US			
Name of Additional Joint Inventor, if a	ny:			A petition	n has been file	ed for th	is unsigned inventor			
Given Name (first and middle [if any])				Family Na	me or S	urname			
Joseph				Fierro						
Inventor's Signature				12/18/G2 Date						
Residence: City Warwick	State	NY	,	Country	US		Citizenship USA			
Mailing Address 49 Cascade Road										
Mailing Address		·								
City Warwick	State	, N	Y	ZIP	10990	Cou	_{ntry} US			
Name of Additional Joint Inventor, if a	ny:			A petition	has been file	d for this	unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname						
,					•					
Inventor's Signature	·			,			Date			
Residence: City State				Country Citizenship						
Malling Address										
Mailing Address										
City	State			ZIP		C	ountry			

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